



City of Rockville
Nonprofit Grant Application
Fiscal Year 2007 (July 1, 2006 – June 30, 2007)

Organization's Name: _____
Organization's Address: _____
City/State/Zip: _____
Website Address: _____

A. GENERAL INFORMATION:

1. Program Name: _____
2. Contact Person/Title: _____
3. Telephone Number: () _____ Fax () _____
4. Email Address: _____

5. Total number of INDIVIDUALS served in last COMPLETE fiscal year
BY THIS PROGRAM:

6. Number of above individuals who were Rockville residents: _____	Percent of people served who were City residents: %
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7. Amount of request: _____	8. Total PROGRAM budget (from 3rd column, line 21, page 6)	
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9. Percent of total PROGRAM budget you are requesting from Rockville: _____

10. What is your agency's mission?

11. Use of Request: Will the City of Rockville's grant be used to maintain an existing program, expand an existing program or start a new program? Check the appropriate box.

[] Maintain Existing Program [] Expand Existing Program [] Start New Program

We, the undersigned, authorize the submission of this application to the City of Rockville and confirm that the information contained herein is accurate and can be verified as such. We understand and agree that if the requested grant is approved, the disbursement of grant funds will be subject to all grant conditions that may be established from time to time by the City of Rockville.

Is your program required to comply with privacy regulations (under HIPAA or otherwise)? yes no

If "yes," then by signing this application, you understand and agree that you will be solely responsible for developing, implementing and obtaining from all of your clients a signed authorization that will enable you to use or disclose personal client information in order to obtain payment from your funders, to verify service utilization, and for other operational purposes.

Signature (Executive Director) & Date

Signature (Board President) & Date

Typed Name (Executive Director)

Typed Name (Board President)

CITY OF ROCKVILLE GRANT APPLICATION – FISCAL YEAR 2007

Organization's Name: _____

Program Name: _____

B. PROGRAM OVERVIEW

1. Need Statement:

Identify the issue or need that the program will address (use statistical data to justify the need for the program).
To what extent does this need or problem exist in the city of Rockville.

2. Program Summary:

Part A: Identify the target/recipients of program services. Specify the number of Rockville residents your program will serve during FY 2007 and explain the basis upon which this number is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence.

Part B: Identify what is to be accomplished or what change will occur. Start your sentence with *“The purpose of the program is to provide...”*. Then proceed to briefly describe the services to be provided.

CITY OF ROCKVILLE GRANT APPLICATION - FISCAL YEAR 2007

Organization's Name:

Program Name:

3. Program Funding:

Part A: Identify how City dollars, specifically, will be used (i.e., grant will provide “X” amount of units of service.)

If the amount of your funding request represents an increase over your FY '06 grant award, explain the reason(s) for the increased request. Indicate the effect of partial funding on service delivery potential of the program.

Part B: List to whom you are submitting grant applications for FY'07 funds for THIS program and for how much?

How secure is current funding?

How would you modify your program should revenues be lost?

C. ORGANIZATIONAL CAPACITY

1. Describe your agency's capability to provide the program outlined in your response to Question #2, including agency's history and mission, prior experience providing this service, management structure and staff expertise.

CITY OF ROCKVILLE GRANT APPLICATION - FISCAL YEAR 2007

Organization's Name:

Program Name:

2. Does your organization have a strategic plan and a strategic planning process in place? ☐ Yes ☐ No
The strategic plan should include a *mission statement, goals, action steps to achieve the goals, and measures* that assess the accomplishments of the goals. ***The Strategic Plan to be provided to the City upon request.***

3. Authorized size of Board of Directors?

4. Last year's Board meetings: Number held? Number scheduled to be held

5. Is the agency licensed or accredited by any local, state, or federal agency? ☐ yes ☐ no Could it be? ☐ yes ☐ no
If licensed/accredited, by whom? Or if it isn't, why not?

6. Is ***this program*** in compliance with all laws and regulations? ☐ yes ☐ no If no, why not?

7. Has your agency been denied certification/licensure? ☐ yes ☐ no If yes, when and why?

8. In what year did ***this program*** begin operation?

9. How many years has ***this program*** received a City of Rockville grant?

10. Staffing Profile: Identify the number and position/title of staff used to administer ***this program***:

of Existing Staff: #of New Staff: Total # Full Time Equivalents:

List positions/titles:

11. What languages are spoken fluently by current staff? And what are those staff's positions?

12. How many volunteers are used to administer ***this program*** and HOW are they used??

D. COLLABORATION (*Collaboration agreement to be provided to City upon request)

1. Is this a formal or informal collaboration involving other agencies? ☐ formal* ☐ informal

2. Name of collaborating agencies and the nature of collaboration?

3. Does your agency have a regular representative attending the Rockville Caregivers' Coalition meetings? ___yes ___no

If answer to above is no, why not?

CITY OF ROCKVILLE GRANT APPLICATION - FISCAL YEAR 2007

Organization's Name: _____

Program Name: _____

E. UNIT OF SERVICE INFORMATION

Identify the Primary Unit of Service the agency will use for this program. This could be people served, days of care provided, hours of counseling, etc. Provide the count: the number of units to be provided. Finally, compute the cost of providing the unit of service. Page 6 Line 21 (Total Expense) divided by Unit of Service count. (Attachment 1 for help.)

1 Define Unit of Service

	Current Year (FY '06)	Grant Year (FY '07)
2. Program Expense: (pg. 6, line 21)	a. _____	b. _____
3. Unit of Service Count:	c. _____	d. _____
4. Unit of Service Cost:	e. _____	f. _____

F. PROGRAM LOCATION(S) ... Where and when will *this program* be delivered?

<u>Location(s)</u>	<u>Hours and Days of Operation</u>
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G. PROGRAM DEMOGRAPHICS for *this* program. Total Number Served And Client Characteristics

Provide unduplicated count for total clients served *by this program* during FY '04, '05 and estimated to be served during '06 (which is the year running *currently*.)

				# clients from Rockville		# other clients				TOTAL
FY '04										
FY '05										
FY '06 est										

For the FY '07 Grant Application Year, provide *projected* group, gender, and age data in the following table.

FOR FY '07 GRANT APPLICATION YEAR for *this* PROGRAM

				Rockville clients		other clients				TOTALS
GROUP										
African American										
Asian										
Caucasian										
Hispanic/Latino										
Native American										
Pacific Islander										
Other										
TOTAL *										
GENDER										
Female										
Male										
TOTAL *										
AGE										
0-5										
6-17										
18-29										
30-65										
66 Plus										

* All totals should be equal

CITY OF ROCKVILLE GRANT APPLICATION - FISCAL YEAR 2007

Organization's Name: _____

Program Name: _____

H. PROGRAM BUDGET & ORGANIZATIONAL BUDGET – Identify the dollar amount *and source* of revenue and expense needed to implement the proposed **program**. Also, complete budget information for **the organization**. *If you require definitions of individual revenue or expense line items to help you determine which line item should be charged, see Attachment 2.*

Budget Categories	Program Budget			Organizational Budget		
	Last Yr. FY '05	Current Yr. FY '06	Grant Yr. FY '07	Last Yr. FY '05	Current Yr. FY '06	Grant Yr. FY '07
Revenue Lines 1 – 9						
1. Contributions - direct (Include special events, net of direct costs)						
2. Grants from <i>Foundations</i> : (Identify by name) +						
a)						
b)						
c)						
3. In-kind Contributions (Reflect only items shown in expense lines below, and list by <i>type</i> , i.e., rent, personnel, etc.)						
4. Fees & Grants from <i>Government</i> sources (list) +						
<i>City of Rockville</i>						
5. Program Fees						
6. United Way & CFC Campaign Designations						
7. UW Community Services Funds – Mont. Co.						
8. Other (list)						
9. Total Support & Revenue (lines 1 – 8)						
Expense (lines 10 – 21)						
10. Personnel (salaries, benefits, taxes)						
11. Consultants/Contract Services						
12. Occupancy (rent, electricity, gas, etc.)						
13. Consumable Supplies						
14. Transportation/Travel						
15. Liability Insurance						
16. Rental/Lease of Equipment						
17. Other Direct Expense/Costs						
18. SUB – TOTAL (lines 10-17)						
19. Depreciation (prorated share for this program)						
20. Other – specify _____						
21. Total Expense (lines 18 & 19 & 20)		*	**			
22. Excess/(Deficit) (line 9 minus 21)						

+ Did you put and 'X' by those sources that are *confirmed*? See Attachment 2 on *Definitions of Revenue and Expense Line Items*.

* This figure also goes on Page 5 line E2a

** This figure also goes on Page 1, line 8 AND on Page 5, line E2b.

PROGRAM MEASURES- FY '07 Grant Application

AGENCY:

PROGRAM:

PROGRAM LOCATION:

PROGRAM HOURS/DAYS OF OPERATION:

PROGRAM MISSION:

PROGRAM OUTCOMES (give results in columns in number/percent)

05 actual

06 estimate from
06 grant app.

06 actual
at 6 months

07(full yr)
projected

Please list outcomes in **bold** AND indicators in *italics*

Long Term:

Intermediate:

Initial:

Outputs:

Unduplicated Client Statistics:

Total unduplicated number of people served

Unduplicated number of total who were Rockville residents

Unduplicated number of total who were Gaithersburg residents

Results of Last Full Year's ('05) Customer Satisfaction Surveys:

Number and percent of program participants surveyed

Number and percent of program participants satisfied with program's services:

Do not expand this form. Use this page only. See Attachment 3.

J. OUTCOME MEASURES ADDENDUM

1. If there is a change between the '06 Estimated' figure from your 06 grant application and the '06 actual at 6 months' on the previous page, discuss the differences. (We are keeping in mind that the '06 actual at 6 months' figure would be approximately 1/2 of the '06 estimated' figure from the '06 grant application.)

2. If there is any other change you wish to explain on the previous page from what your 06 Grant Application might have stated, please do so:

Category:

Category:

K. PROGRAM EVALUATION

1. How will this program be evaluated: ☐ Formal (outside eval.) ☐ Informal (internal agency evaluation)

2. Identify and describe the method to be used to evaluate this program (i.e., questionnaire, interview, survey, pre- & post-test, rating scale, observation, other research instruments.)

3. Describe how results will be used to improve the program (We are particularly interested in whether you use a random customer survey form in which customers feel no pressure to answer one way or another.)

4. How is your evaluation linked into your Outcome Measures?

5. If your formal evaluation (done by objective outside party) is more than 1 year old, and you don't re-do it annually, how have you implemented suggestions from your last formal evaluation?

6. If this is an existing program, attach a summary of the most recent evaluation of any type. Include a description of how the evaluation was conducted. If an evaluation has not been performed, explain why not.

Signature of AGENCY Director, indicating approval of Outcomes report form

Date